

FEE TRANSMITTAL

Application Number 10/038,080 Art Unit 1639  
Filing Date January 3, 2002 Confirmation No. 7358  
Inventor(s) Peter C. Isakson et al.  
Examiner Name Jon D. Epperson Ph.D.  
Attorney Docket Number PHA 4142.2 (2891/3)

[ ] Applicant claims small entity status.

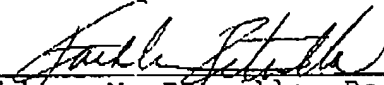
METHOD OF PAYMENT

- [ ] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- [X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. [X] EXCESS CLAIM FEES
- |                               |           |   |           |      |   |          |   |     |             |   |                  |
|-------------------------------|-----------|---|-----------|------|---|----------|---|-----|-------------|---|------------------|
| Total Claims                  | <u>24</u> | - | <u>20</u> | (HP) | = | <u>4</u> | x | Fee | <u>\$50</u> | = | <u>\$ 200.00</u> |
| Indep Claims                  | <u>5</u>  | - | <u>6</u>  | (HP) | = | <u>0</u> | x | Fee | <u>0</u>    | = | <u>\$ 0</u>      |
| Multiple Dependent Claims Fee |           |   |           |      |   |          |   |     |             |   | <u>\$ 0</u>      |
- (HP = highest number of claims paid for)
- Subtotal (2) \$ 200.00
3. [ ] APPLICATION SIZE FEE
- Total Pages \_\_\_\_\_ - 100 = \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_  
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$ \_\_\_\_\_
4. [X] OTHER FEE(S)
- |     |                                                     |                                 |
|-----|-----------------------------------------------------|---------------------------------|
| [X] | Four                                                | month extension of time         |
| [X] | Third Supplemental Information disclosure statement |                                 |
| [ ] | 37 CFR 1.17(q) processing fee                       |                                 |
| [ ] | Non-English specification                           |                                 |
| [ ] | Notice of Appeal                                    |                                 |
| [ ] | Filing a brief in support of appeal                 |                                 |
| [ ] | Request for oral hearing                            |                                 |
| [X] | Other:                                              | <u>Two Terminal Disclaimers</u> |
- Subtotal (4) \$ 2,030.00

TOTAL AMOUNT OF PAYMENT \$ 2,230.00

  
Kathleen M. Perrillo, Reg. No. 35,076 Date January 27, 2005  
Telephone: 314-231-5400

KMP/lam

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SENNIGER, POWERS  
LEAVITT & ROEDEL  
ONE METROPOLITAN SQUARE  
ST. LOUIS, MO. 63102

035587

Date January 27, 2015 18-1/1010

PAY TO THE ORDER OF Commissioner of Patents and Trademarks \$ 2,230.00

Two thousand two hundred thirty &  $\frac{25}{100}$  DOLLARS

COMMERCE BANK, N.A.

C. Senniger

FOR

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